



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF FIRE STANDARDS & TRAINING  
BUREAU OF EMERGENCY MEDICAL SERVICES**

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**TRAUMA MEDICAL REVIEW COMMITTEE  
COMMITTEE MEETING**

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**June 16, 2004  
Richard M. Flynn Fire Academy  
Concord, New Hampshire**

**Members Present:** John Sutton, MD, Eileen Corcoran, RN, Michael Pepin, EMTP, Clare Wilmot, MD

**Guests:** Janet Houston, Sharon Phillips, RN, Vanessa Barrett, RN, Donna Clark, RN

**Bureau Staff:** Clay Odell, EMTP, RN, Fred von Recklinghausen, EMTP, Sue Prentiss, EMTP, Bureau Chief

**I. Call to Order**

**Item 1.** The June meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:35 am on Wednesday June 16, 2004 at the Richard M. Flynn Fire Academy in Concord, NH.

**II. Acceptance of Minutes**

**Item 1. Minutes.** The minutes of the April meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting. There was no discussion regarding the minutes.

**III. Committee Discussion Items**

**Item 1.** Dr. Sutton initiated a discussion about the availability of critical care transport for interfacility transfer of trauma patients. He has observed that referring hospitals will call DHART for transport, but if air medical transport cannot occur, the hospitals are requesting DHART critical care ground service. Since DHART ground has to drive from Lebanon to the referring facility there is a significant time delay. It seems as though the patient would get to the Level I facility quicker if a local ambulance service did the transport.

Mike Pepin and Sharon Phillips discussed the issue from the perspective of Concord Fire and Concord Hospital. Concord Hospital has contracted transport services with commercial ambulance services. There is no guarantee that critical care paramedic services will be available in a timely manner at any given time. In the absence of critical

care transport staff, ED or ICU nurses could participate in the transfer, but staffing levels in the hospital usually contraindicate sending staff on an ambulance trip.

Concord Fire is responsible for providing EMS coverage to the City of Concord, but in the past has served as a last-resort for emergency interfacility transport. Concord Fire paramedics are not currently trained in interfacility critical care transport, and Mike says a change in that status would require high-level discussions between Concord Hospital and Concord Fire.

It was pointed out that DHART ground is on the road very quickly, and even though the driving time to the referring hospital may be lengthy, often it isn't that much quicker to arrange local resources to do the transfer.

This issue is becoming a growing problem in almost all parts of the state. The discussion helped members of the TMRC understand the issue better, and further investigation of the problem must occur.

**Item 2. NH EMS Update** Bureau Chief Sue Prentiss presented a report on Bureau activities. That report is attached to these minutes.

In addition Sue reported that the first year federal trauma grant had \$25,000 unspent. The Bureau received permission to carryover the funds to this year. The funds are targeted toward purchasing computers for the TEMSIS project, and for conducting six prehospital trauma training programs. The Bureau will conduct a curriculum comparison between the Basic Trauma Life Support (BTLS) and Prehospital Trauma Life Support (PHTLS) programs. The report will go to the members of the TMRC to decide which program to conduct.

In another issue, Commissioner Richard M. Flynn has appointed a study committee to review the issue of statewide protocols versus local option protocols. The study committee consists of representatives of multiple interested organizations, and is chaired by Don Albertson, MD. The first meeting is scheduled for June 21, 2004 and the committee has 90 days from that date to make a recommendation to Commissioner Flynn.

**Item 3. Renewal Process & Hospital Updates** Clay Odell reported that he has received the application for renewal of trauma hospital assignment from Littleton Regional Hospital. Clay had anticipated there would be parts of the application that might need to be clarified, which is why the document only went out to two hospitals to start with. Clay and Dr. Sutton will review the application further and rework some of the instructions to make them as "user friendly" as possible. One idea is to create a "mock application" to include with the packet to assist with filling out the application. Clay expressed appreciation to Littleton Regional for their willingness to be a test subject. The application for SNHMC has not been received yet. Clay will contact them. Actual reviews of the applications should occur before the next TMRC meeting.

Cottage Hospital in Woodsville has expressed serious interest in applying for Level III assignment. Clay is working with them.

Clay and Fred von Recklinghausen discussed the trauma listserve that is being created as part of the requirement for the federal trauma grant. Once it is up and running it will be an important communication tool. The listserve is being rolled out gradually and we have been experiencing some glitches with the software that Fred and the State Library are addressing.

Clay discussed Massachusetts' planning for the Democratic National Convention in Boston July 26-29 this summer. There will be road closures and restrictions in Boston and contingency plans for emergency vehicle access to Boston are being finalized. As this will likely affect some NH EMS agencies and hospitals, the NHBEMS has scheduled a meeting to discuss the contingency plans. Agencies that commonly transport patients into Boston hospitals will receive a notice by mail about the meeting, and notice will be published to a wider EMS audience as well. Hospital EMS Coordinators will also be invited to this meeting. The meeting is scheduled July 8, 2004 at 10:00 at the NH Fire Academy.

**Item 4. Trauma and EMS Research** Dr. Sutton and Fred reported that the abstract from the NH Head Injury studies was submitted to the New England Surgical Society. The abstract will undergo peer review, and hopefully will be accepted for poster presentation or oral presentation at the Society's meeting in October. The feedback received from peer review will be useful to us in improving our trauma research abilities.

Fred also discussed the national "EMS Research Agenda for the Future". This consensus effort recognizes the importance of scientific research in EMS and advocates a plan for developing EMS research capability. He noted that our Bureau's efforts at EMS research are ahead of the curve compared to other states.

### **III. Old Business**

**Item 1. Air Medical Notification and Protocol Projects** Clay reported that the early notification evaluation study is in place in the Southwest Mutual Aid dispatch system. Anecdotaly the system seems to be working. A formal evaluation form began being used on the first of June. Capital Area Mutual Aid dispatch has agreed to take on the evaluative study and is currently drafting protocols.

Clay reported that the draft of statewide standing orders for activation of air medical transport from the scene was presented to the Protocol Subcommittee on June 4th. Several concerns were expressed by members of the subcommittee and modifications

will be drafted. The re-draft will be presented at the July 2 meeting of the subcommittee. One of the issues was the desire of the subcommittee to make the format consistent with the other protocols. The other was a challenge to better define the time factor when air medical transport might be better than ground transport to the nearest Level I or Level II facility.

Similarly to the April meeting, there was considerable discussion about what types of patient conditions should be included in the protocol for standing orders. Keeping it simple is important.

**Item 2. Trauma Coordinator's meeting** Clay reported that a meeting was held at the NH Fire Academy on May 12<sup>th</sup> to bring together all the people who are the designated trauma program coordinator for their hospital. The meeting was well attended and attendees were pleased with the opportunity to network with their peers. The NHBEMS will continue to facilitate regular meetings of this group on a quarterly basis, at the request of the group.

#### **IV. New Business**

**Item 1. Fall Trauma Conference** Clay reiterated that the tentative date for the 2004 trauma stakeholder's conference is November 10, 2004. Members and guests of the TMRC are asked to volunteer to be on the planning committee. The meeting for the planning committee is scheduled for July 8, 2004 at 9:00 at the NH Fire Academy.

#### **V. Public Comment**

None

#### **VI. Adjournment**

Dr. Sutton adjourned the meeting at 11:24. He advised the group that the next meeting of the Trauma Medical Review Committee will be held at the Richard M. Flynn Fire Academy on Wednesday August 18, 2004.